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somewhat equalize the dose according to body-weight. In all these cases alopecia had developed, and in one or two nervous symptoms had appeared. One patient had distinctly mental symptoms and at the end of a week, during which he had had three injections of the drug, he had suddenly manifested delusions of persecution, and it had been necessary to send him to an institution for mental cases. He was now back, and well. In his case there had not been any alopecia at all, though the dosage had been considerably higher than the usual one for children. One patient had had diarrhoea and abdominal pain, and in that case it was considered wise to stop the drug. A week after the administration was stopped the hair began to fall out. That was about a month ago. All the patients were now beginning to recover their hair.

The reason why thallium salts were given in the cancer cases was because of their special action on epidermal tissues, and also because in the periodic scale thallium was placed near to lead, the use of which in cancer had apparently afforded some good results at Liverpool. During the last eighteen months many experiments in connexion with the pharmacology of thallium acetate had been carried out on animals in Professor Dixon's laboratory at Cambridge, and workers there found that it had not only an effect on the hair, but also, he understood, on the generative system; evidently it had the same effect as lead in destroying the very early fœtus.

In those animals the effect on the growth of the hair was interesting. When animals were shaved on the abdomen, a comparatively small dose of thallium acetate had the reverse effect, causing the hair to grow more rapidly. When, however, the dose was doubled or trebled, epilation took place as usual.

Obviously certain effects of thallium were very undesirable, and considerable caution should be observed in using it, though its exact toxicity—as compared with that of lead, for instance—had not yet been definitely determined. In order to obtain other effects of the drug, while avoiding epilation, if possible, he (Dr. Copeman) was now using intramuscular injections of a colloidal preparation of thallium iodide, prepared under Professor Dixon's supervision, in the Cambridge University chemical laboratory. This preparation, in contrast to thallium acetate, was extremely insoluble, the idea being that, by securing continuous, very slow absorption, it might perhaps prove possible to avoid, in cancer cases, that special effect which it was sometimes the aim of Members of this Section to attain.

Dr. H. C. SEMON said that in a case he was now treating with krysolgan, in which the same type of symptoms had developed—pain in the joints, and especially at the back of the neck—due probably to the presence of gold in the circulation, he had, two days ago, administered a dose of thiosulphate of soda, in the attempt to antagonize those symptoms. The result was that within three or four hours the patient was completely free from pain, and slept comfortably for the first time since she had been taking the krysolgan. The atomic weights of gold (197·2) and thallium (204) were very approximate (197·2—204), and so for these similar subjective symptoms the thiosulphate of soda might prove to be useful.

Recurring Eruption : ? Artefact.

By G. B. DOWLING, M.D.

THIS girl, aged 13, has had a recurring eruption on the forearms and backs of the hands for two years, and occasionally on the nose. The history is that about two years ago she was associated with a woman who had a bullous eruption, and afterwards "round blisters" developed on the hands and forearms, and sometimes on the nose. The patient is a very neurotic girl, and prone to fits of temper. She began to menstruate at the unusually early age of 10, and she is obviously very over-developed for her age. These spots generally come out when she is particularly irritable, and this is often just before the menses are due. My first diagnosis was neurotic excoriations (type acné excoriée des jeunes filles), because the lesions were round, and she was obviously in the habit of scratching them. But then

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I thought they might perhaps have been preceded by a papular urticaria, possibly with vesicles. The second time I saw her she had linear bullæ along the sides of the fingers, as well as the round lesions, the scars of which can be seen now. I believe this is an entirely artificially produced eruption; my diagnosis is not supported, of course, by the mother.

Chronic Relapsing Pemphigus or Dermatitis Herpetiformis in an Old Man with Chronic Lymphocytosis.

By F. PARKES WEBER, M.D.

THE patient, J. G., aged 70½, German (no Hebrew ancestry), enjoyed good health till four years ago, when the present illness commenced. At first there were only a few isolated bullæ, the formation of which was preceded by local itching and scratching. Since then he has suffered on and off, more or less, from a bullous eruption, with decided exacerbations from time to time. At present, during one of these exacerbations, the bullæ are scattered all over the body and limbs, with the exception of the palms of the hands and the soles of the feet, which have always remained free. The mucous membranes are not affected, though he says that he has occasionally had a few lesions in the mouth. There is no special grouping of the lesions. Local itching mostly precedes the onset of the bullæ, and he says that this itching has sometimes been terrible. According to the patient the bullæ develop on previously normal-looking skin, and this seems to be the case, though there are erythematous spots and patches to be seen, which apparently mark the site of former bullæ.

By ordinary examination of the patient, who is not emaciated and mentally is apparently healthy, nothing abnormal has been found in the thoracic and abdominal viscera, the urine, the eyes, and the nervous system. The spleen and liver are not enlarged, but, owing to the chronic cutaneous trouble, there is moderate enlargement of the superficial lymph-glands (cervical, axillary, inguinal and supracondylar). There is no fever. The gastric contents after a test-breakfast (February 8, 1927) showed no free hydrochloric acid, but the examination was not complete. Brachial blood-pressure; systolic, 120 mm. Hg; diastolic, 65 mm. Hg. The Wassermann reaction is uncertain, owing to "Eigenhemmung." (The blood-serum is not clear, even during the fasting state.) The blood-sugar (fasting) is 0.100 per cent.

The fresh cutaneous bullæ contain very few cells, but most of the cells are eosinophils. A recent blood-count gives 4,288,000 red cells and 37,600 white cells to the c.mm. of blood; a differential count of white cells, from blood obtained with a syringe from a vein, gives: polymorphonuclear neutrophils, 26.3 per cent.; lymphocytes, 68.0 per cent.; monocytes, 2.0 per cent.; basophils, 0.7 per cent.; eosinophils, 3.0 per cent.

This marked lymphocytosis is chronic, for a differential count taken by Dr. F. E. Loewy on August 16, 1925, gave: polymorphonuclear neutrophils, 22.0 per cent.; lymphocytes, 68.6 per cent.; monocytes, 4.7 per cent.; no basophils; eosinophils, 4.7 per cent. The chronic lymphocytosis in this case is very interesting, and it may be compared to that found by Sequeira and Panton in cases of what they termed "lymphoblastic erythrodermia" (*Brit. Journ. Derm. and Syph.*, London, 1921, xxxiii, 391-400).

Another elderly man, L. J., aged 69, who for several years on and off has suffered from similar chronic recurrent pemphigus or dermatitis herpetiformis, has occasionally been an in-patient at the German Hospital, and I have just heard (through the kindness of my colleague, Dr. E. Schwarz) that he is at present quite free from bullæ.